## Thomas L. Osborne

2005 APR 14 A 10: 19

114 North Columbus Street Alexandria, Virginia 22314 703-548-4917

April 10, 2006

Federal Election Commission 999 E Street, NW Washington, DC 20463

#### Gentlemen:

The attached Amended Statement of Organization, FEC Form 1, for Virginia Partisans Political Action Committee is submitted in response to the March 22, 2006, letter from Mr. Daniel T. Buckley of your office, a copy of which is also attached.

My apologies for the error in the original form submitted March 3, 2006.

Sincerely,

Thomas L. Osborne

Treasurer

Virginia Partisans PAC

P.O. Box 6243

Arlington, VA 22206

Encl.



### FEDERAL ELECTION COMMISSION WASHINGTON, D.C. 20463

March 22, 2006

Thomas Osborne, Treasurer Virginia Partisans Political Action Committee Post Office Box 6243 Arlington, VA 22206

Response Due Date: April 21, 2006

Identification Number: C00299511

Reference:

Amended Statement of Organization, dated 3/3/06

Dear Mr. Osborne:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. An adequate response must be received at the Commission by the response date noted above. An itemization of the information needed follows:

-Line 6 indicates that your committee's "Parent Organization" is Virginia Partisans; however, Line 5(f) states that your committee is <u>not</u> a separate segregated fund. A separate segregated fund is a political committee established, financed, maintained or controlled by a corporation, labor organization, membership organization, cooperative or trade association.

If your committee is a separate segregated fund, an amended Statement of Organization should be submitted which indicates the appropriate Type of Committee on Line 5(e).

If your committee is not a separate segregated fund, then you should <u>not</u> have listed any connected organization and should amend your Statement of Organization to clarify this discrepancy. 2 U.S.C. §433(b) and 11 CFR §102.2(b)

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. Requests for extensions of time in which to respond will not be considered. Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply

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with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1141.

Sincerely,

Daniel T. Buckley

Campaign Finance Analyst

Reports Analysis Division

# 26629633596

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL OPERATIONS CENTER

2005 APR 14 A 10: 19

Office Use Only

COMMITTEE (in full)	is changed)	over the lines.	12FE4M5		
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		CITY A	STATE A	ZIP CODE A	
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COMMITTEE'S FAX NUMBER					
2. DATE 04 1	0 2006				
3. FEC IDENTIFICATION NU	JMBER ▶ C Ø	0299511			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (À)			
I certify that I have examined th	is Statement and to the best	of my knowledge and belief	It is true, correct	and complete.	
Type or Print Name of Treasure	THOMAS L.	OSBORNE_		•	
Signature of Treasurer	ous L. Odor	<u></u>	Date O	( 10 2006	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530 Local 202-894-1100		FEC FORM 1 (Revised 02/2003)	

FEC FOI	m 1 (Revised 02/2003)						Page 2	<u> </u>
TYPE OF C	OMMITTEE (Check One)					•		
(a)	This committee is a princi	ipal campaign co	mmittee. (Comple	te the candidat	e inform	ation below.	.1	
(b)	This committee is an auth information below.)	etilimmoo besiron	e, and is NOT e p	principal campa	ign com	mittee. (Con	nplete the candi	date
Name of Candidate			.1		<u></u>	l <b>.ll</b>	<u>  1                                    </u>	لــــا
Candidate Party Affiliation	<b>0</b> ≄1 .	Office Sought:	House	Senate	;	President	State District	: . <sup>1</sup> :
(c)	This committee supports/o	opposes only on-	e candidate, and I	is NOT an auth	orized o	ommittee.		
Name of Candidate			<u>.                                    </u>			<b>     </b>	<u> </u>	لبب
(d)	This committee is a		National, State r subordinate) cor	nmittee of the		· .	(Democratic, Republican, etc	o.) Perty.
(e) X	This committee is a sepa	rate segrepated	fund.					
(f)	This committee supports/ocommittee.	opposes more th	an one Federal c	andidale, and is	s NOT s	separate s	egregated fund	or party
Name of An	y Connected Organization	or Affiliated C	ommittee					
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X Men	nbership Organization	Trade	Association			Cooperative	1	

FEC Form 1 (Revised 0	02/2003)		Page 3	
Write or Type Committee Name  VIRGINIA	ARTISANS PAC			
	ntify by name, eddress (phone number opt	ional) and position of the (	person in possession of committee	
Full Name THO	MASIL. DSBORNE			
Mailing Address	114 NORTH COLUMBUS STREET			
	ALEXANDRIA		223141-	
Title or Position▼	CITY A	STATE A		
TREASURER		Telephone number	03-548-4917	
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number - optional) of the assistant treasurer).	treasurer of the committe	e; and the name and address of	
Full Name of Treasurer	4ASI LI OSBORNE			
Mailing Address	1114 MORTH GOLU	mbus stab	<i>ET.</i>	
	ALEXAMORICA	LLL IVA	22344-	
Title or Position▼	CITY A	STATE A		
TREASURER	<u> </u>	Telephone number	<u></u> -	
Full Name of Designated Agent	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1i <b></b>	
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Title or Position▼	(CITY ▲	:	ZIP CODE A	
	<u> </u>	Telephone number		
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ZIP CODE A

STATE A

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Mailing Address		_		<u>                                     </u>
	ALEXAM	JDAICA.	u.A	22343-
		CITY A	STATE ▲	ZIP CODE A
Name of Bank, Depos	itory, etc.	"- ""		
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